



## L.I.F.E. CAMP 2017 REGISTRATION FORM

STUDENT NAME: \_\_\_\_\_  
(PLEASE PRINT)

SCHOOL ATTENDED (2016-2017): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (APT#) (CITY-STATE) (ZIP CODE)

PHONE#: \_\_\_\_\_ NEED TRANSPORTATION? YES (OR) NO  
(CIRCLE ONE)

T-SHIRT SIZE: (CIRCLE ONE): SMALL MEDIUM LARGE X-LARGE 2X-LARGE 3X-LARGE

CONTACT PERSON #1: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_ PHONE# \_\_\_\_\_

CONTACT PERSON #2: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_ PHONE# \_\_\_\_\_

COMMENTS: \_\_\_\_\_

"Where Leaders are Made!"

711 S Main St. Midland TX 79701

432.686.2525

[www.teenflow.com](http://www.teenflow.com)

### STUDENT PERMISSION/MEDICAL/LIABILITY RELEASE FORM

*As the parent/guardian of the student listed below, I give permission for my child to attend the program at Teen F.L.O.W. Youth Ministry and understand there are rules and regulations. I authorize the staff of Teen F.L.O.W. with the care of my child. In the event of a sudden illness or accident, I authorize Teen F.L.O.W. staff, and/ or medical staff to act in my best interest and obtain necessary medical care for my child.*

STUDENT NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ GENDER (M/F) \_\_\_\_\_

LIST ANY MEDICAL/HEALTH INFORMATION: \_\_\_\_\_

LIST ANY MEDICATIONS STUDENT IS CURRENTLY TAKING: \_\_\_\_\_

PERSON TO NOTIFY IN EVENT OF EMERGENCY: \_\_\_\_\_ PHONE# \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

*Teen F.L.O.W. has permission to use any photography/videos of participant listed on this form for brochures, newsletters, videos, web page or other promotional items. I/we further understand that these photos/videos will only be used for Teen F.L.O.W. purposes.*

I have read this complete form and I understand the information contained herein. I have freely and voluntarily signed this form.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

711 S Main St.

P O Box 733

Midland, Texas 79702

Tel. 432.686.2525 [www.teenflow.com](http://www.teenflow.com)

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STUDENT NAME \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

BIRTH DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_\_ GENDER (M/F) \_\_\_\_\_

LIST ANY MEDICAL/HEALTH INFORMATION: \_\_\_\_\_

LIST ANY MEDICATIONS STUDENT IS CURRENTLY TAKING: \_\_\_\_\_

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PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_